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Interim Guidance for Temporary Emergency Shelters: Policies to Mitigate Spread of Novel Influenza A H1N1 Virus Infections

Novel influenza A H1N1 (“swine influenza”) is a new virus. To date it has mainly caused mild illness; however, health officials need to take precautionary measures to limit the spread of infection until more is known about the risks of this virus.

The California Department of Public Health (CDPH) recognizes that temporary emergency shelters will be opened as a result of disasters such as fires, earthquakes, or other traditional disasters that may occur during the H1N1 flu outbreak. This guidance provides recommendations for protection of shelter staff and clients to mitigate the spread of novel influenza A H1N1 virus infection. This guidance will be updated as policy and recommendations change. For information about the treatment of this infection and for additional guidance, please consult the websites listed at the end of this document.

Many of these recommendations are the same as routine good infection control for shelter operations, and also applicable for preventing illness for the yearly seasonal influenza. It is still important that all shelter facilities take steps to help slow the spread of the disease because:

- It is a new virus, so no-one has immunity to it.
- There is no vaccine for this virus yet.
- Many people in the community have medical conditions that make them more likely to have serious illness if they do get influenza.

GENERAL GUIDANCE FOR STAFF

There are a few important and simple things that every staff member can do:

- If you have influenza symptoms [fever $\geq 37.8^{\circ}\text{C}$ (100°F) plus a cough, sore throat and/or runny nose]
 - **Do not come to work** at the shelter for 7 days or until symptoms have resolved, whichever is longer. If you have onset of illness at work, notify your

- supervisor to be relieved. Put on a surgical mask when within 6 feet of other persons.
- Avoid close contact (< 6 feet) with others when possible for 7 days after the symptoms begin or for 1 day after acute symptoms end, whichever is longer.
- Seek medical care for severe respiratory symptoms such as difficulty breathing or for dehydration from vomiting and diarrhea. You may also need to seek early medical attention if you have chronic health conditions that put you at risk for the complications of influenza (see further information for listing of such chronic conditions).
- If you do need to seek medical care, wear a surgical face-mask when you go out so that you do not infect others.
- Wash hands often with soap and water or use an alcohol-based hand sanitizer.
- Cover your coughs and sneezes (cough or sneeze into an arm or shoulder or into a tissue).
- Avoid touching your eyes, nose, or mouth. Germs spread that way.
- Keep your distance from people who are coughing. If possible, stay about 6 feet away.
- Avoid sharing personal items such as eating/drinking utensils, toothbrushes, and towels, especially with ill persons.

ADDITIONAL GUIDANCE FOR STAFF WORKING IN SHELTERS

Staff should follow standard precautions for contact with all clients, which include the following:

- Wear appropriate personal protective equipment (PPE) when exposure to blood, body fluids, secretions or excretions of individuals is anticipated. This includes:
 - N-95 respirators and eye protection such as a faceshield if you will be in close contact (less than 6 feet) with a client who has influenza symptoms. If a respirator is used, the employee should be fit-tested for the respirator at the earliest possible opportunity. Further information is available at <http://www.dir.ca.gov/DOSH/SwineFlu/SwineFlu.htm>. If a respirator is not available, put on a tight-fitting surgical mask.
 - Gloves.
- Perform hand hygiene before and after physical contact with each sheltered individual, including after removal of gloves.

TRIAGE AND SURVEILLANCE RECOMMENDATIONS

When operating a shelter during an outbreak, sheltered client triage/assessment should occur at the following times:

- Upon arrival/admission to the shelter,

- Minimally once a day; and
- When referring individuals to a health care facility.

Shelter clients should be assessed initially and then every 24 hours and the appropriate actions taken if needed. Encourage clients to report to staff symptoms of infectious diseases between screenings.

- Ask incoming clients if they have symptoms of influenza [fever $\geq 37.8^{\circ}\text{C}$ (100°F) plus a cough, sore throat and/or runny nose].
- Give symptomatic clients surgical masks to cover their mouth and nose, and arrange for medical care if needed. The mask, if tolerated, should be worn by the client while under transport to the medical facility. If the client must be transported by ambulance, communicate the reason (suspected flu) for transport to the dispatcher.
- Try to keep symptomatic clients 6 feet from other clients and personnel until they can be provided appropriate care or shelter elsewhere.
- Encourage frequent hand washing or use of alcohol-based hand sanitizer.

SHELTER PRACTICES

Post Visual Alerts to remind all persons to:

- Cover their mouth and nose with a tissue or their elbow or sleeve when coughing or sneezing.
- Dispose of the tissue in a waste receptacle.
- Wash their hands with soap and running water or use an alcohol-based hand sanitizer, especially after use of tissue, coughing or sneezing.

To ensure a safe environment, observe the following infection control strategies:

- Where feasible and appropriate, facial tissues and hand hygiene supplies should be available at locations such as shelter entrances, notice boards, conference rooms, break rooms, and restrooms.
 - If alcohol-based hand sanitizer or easy access to sinks and soap to wash are not available, moist towelettes may be substituted. Non-alcohol based sanitizers are not proven to be effective and should not be used.
- Clean all common areas within the shelter daily. Use a product that is labeled as a disinfectant or a solution of dilute bleach freshly mixed to include 1 part bleach to 10 parts water. The water in mop and cleaning buckets should be changed frequently to ensure disinfection.
- Frequently touched surfaces in the shelter such as door knobs, light switches, and counter tops should be cleaned daily at a minimum, and frequently as needed.
- Daily cleaning of communal toys. Discourage sharing of plush toys such as teddy bears between children.

Coordinate configuration of sleeping areas so that individuals are appropriately separated by:

- Ensuring three feet of space between individual sleeping areas (or cots).
- Using head to toe sleeping configurations.

FOR FURTHER INFORMATION

General information on swine flu:

http://www.cdc.gov/h1n1flu/general_info.htm

Specific guidance documents for swine flu:

<http://ww2.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx>

Cough and sneeze etiquette:

<http://www.cdc.gov/flu/protect/covercough.htm>

Cleaning environmental surfaces:

http://www.apic.org/Content/NavigationMenu/EmergencyPreparedness/SurgeCapacity/Shelters_Disasters.pdf

Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting

http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm